

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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48	/					
49		/				
50		/				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND		DEP		IND		DEP		IND		DEP	
51			/									
52	/											
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100												
TOTAL IND.	8		←		←		←		←		←	
TOTAL DEP.	44		←		←		←		←		←	
TOTAL CLAIMS	52		←		←		←		←		←	